

City of Anderson Application for Curbside Exemption

Print Name: _____

Address: _____

Home Phone: _____ Cell/Work: _____

Email: _____

Number of occupants who live at your address: _____

What is the nature of your disability? _____

Please briefly describe how household garbage is removed from your home and placed
in the back yard: _____

Applicant 's Signature

Date

Please return this application to:

City of Anderson

Public Works/Sanitation Dept

1100 Southwood Street

Anderson, SC 29624

The citizen requesting curbside exemption may be required to provide a doctor's certification
of ADA Disability. You will receive exemption status during the time your application is being processed.

For more information call 864-231-2246

City of Anderson web page www.cityofandersonsc.com